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ORIGINAL DEPARTMENT.

Communications.

A CASE OF OVARIOTOMY.

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The case about to be reported was not successful. But in this comparatively recent field of operative surgery, perhaps the lesson of a failure is not far behind that of a success in the matter of importance. The rocks on which we split are of some importance to navigators behind us; and it is not well, therefore to "die and make no sign."

Mrs. G., aged about 27, reports that seven years ago, while still living in her native land and unmarried, she discovered a hard, painless, and immovable tumor in the right iliac region, about the size of her fist. She went to Kiel, and consulted a surgeon, who told her that nothing could be done for her at present.

Soon after, she married and emigrated to America. She has, however, never been pregnant. Menstruation continued normal, until the latter part of 1868, when it ceased, probably on account of her rapidly failing health. The tumor has steadily increased in size from the time she discovered it until the date of my visit, January 27th, 1869. The tumor at this time was surrounded with a large quantity of ascitic fluid, and the two together filled the abdominal cavity to such an extent as to threaten the woman with speedy death. The tumor could be pushed from side to side, in the surrounding fluid. A sound passed three inches into the cavity of the uterus, and when the tumor was tilted, the sound was tilted likewise. But all diagnostic investigations were embarrassed by the extreme tension of the abdominal walls. Pushing the tumor well back and up out of the way, I held it there while the attending physician tapped the abdominal cavity, and drew off the ascitic fluid. The fluid thus drawn off filled a common wooden patient pail once full, and half way full again

after emptying. The fluid drawn off coagulated into a solid mass upon heating. I speak of this because some authorities speak of ovarian fluid as being highly albuminous, and ascitic fluid being non-albuminous. In this case the ascitic fluid was albuminous, and the chemical test, therefore, was of no diagnostic value. Neither will it do to say that the ascitic fluid might have contained ovarian fluid commingled with it from the rupture of some ovarian cyst; for the tumor proved to be a solid fibro-cartilaginous tumor of the ovary, and there were therefore no cysts to rupture.

The cavity of the abdomen was now found to be occupied by a solid tumor, reaching from the pubes nearly to the ensiform cartilage. Fearing that the tumor was uterine in its origin, and perceiving how formidable would be the operation, even if it were ovarian, I declined any further operative procedures. The patient's lower extremities were cedematous, and her condition generally was such that I did not consider her a fit subject for such surgery. To my surprise the patient told me that death was certain as she was, and very likely death might occur in the operation of the removal. But she insisted upon her right of a choice of failures; the difference of a few days in her death being a matter of no importance to her. She urged these considerations with so much strenuousness, that I finally consented to make an attempt, at least, to remove the mass. With a heroism that was wonderful, she submitted to the needful preparations for the operation. A table was prepared, and the patient laid upon it and chloroformed. Making an incision from the pubes nearly to the ensiform cartilage, the hand was introduced gently, and the tumor was explored. No adhesions were found, and the tumor was found to be right ovarian in its origin. The tumor was spheroidal in shape. It was now tilted up and brought outside of the abdominal wall; the incision being only barely sufficient to enable us to drag the unyielding mass through. The breadth and thickness of the pedicle were so great, that it was deemed unsafe to ligate it in two sections. A needle was therefore armed with a double liga-

ture, and passed twice through the pedicle, so that it could be ligated in three sections. And right here I made the discovery that this mode of passing the needle and casting off the ligatures properly for ligation in three sections, was a trick not to be performed without a little study. The ligatures being drawn tightly, the tumor was removed. It weighed 17 pounds. The pedicle was too short to be brought out externally and secured there, either with the clamp or with pins. It was therefore "pocketed" in the incision, and secured there with two silver pins. This method was deemed preferable to tossing it back into the abdominal cavity with all its ligatures. The abdominal cavity was now cleared of a few small clots of blood, by lifting them out gently with the finger. A few ounces of serum and ascitic fluid were left in the pelvic cavity, rather than to attempt to clear the cavity by too much manipulation. The abdominal incision was now closed by the interrupted suture,—the needle being carried down to, but not including the peritoneum. The patient probably did not lose over four or five ounces of blood. She bore the operation with but a little appearance of shock. The abdomen was bandaged, and she was replaced in bed. The pulse was about 110, and, excepting a little pain in the back and some smarting in the wound, she was quite comfortable. A full dose of morphine was administered, with a tablespoonful of whisky, and I left her in the hands of her usual medical attendant. This gentleman reports that he repeated the dose of morphine once during the night; and during the fifteen days she lived after the operation, he had no more occasion to administer an anodyne to relieve pain. The wound closed mostly by first intention. All the sutures, except the two silver pins supporting the pedicle, were removed by the fifth or sixth day. The wound was healed, except a very small opening near the umbilicus, and another at the lower angle, where ligatures passed out. At this time she was cheerful, and quite confident of her recovery. But about the tenth day the discharge from the lower angle of the wound began to be offensive, and a slight cough came on. In a day or two more her pulse went up to 135; there was profuse perspiration, some diarrhoea, and purulent expectoration from the lungs. On the 15th day she died of *pyæmia*.

There were three localities from which the mischief which caused this woman's death may have originated; the pedicle, the abdominal incision, and the decomposing fluids in the abdominal cavity. No post-mortem was allowed; but I am inclined to look with especial suspicion upon

the fluids in the abdominal cavity. SPENCER WELLS says that he asks for no better method of securing the pedicle than the clamp.

In the foregoing case the "pocketing" method was adopted only because of the necessity of the case. But the opportunities for keeping the discharges from the pedicle well cleared away were diminished; and, more than all, the discharges were more likely to flow back into the peritoneal cavity than to escape externally.

With reference to the sutures of the abdominal incision, authorities appear to be about equally divided, as to whether the peritoneum should or should not be included in the suture. The same great authority just quoted says that but one answer can be returned to this question—"the peritoneum should *always* be included." Standing in especial awe of peritonitis from the length of my incision, I did not include the peritoneum in the suture. Peritonitis did not occur; but pyæmia did, and the woman died. By not including the peritoneum in the suture, the wound was closed more tightly on the cutaneous side than on the peritoneal side. The peritoneal aspect of the wound was more likely to gap open and to fail of union by first intention than the cutaneous aspect. Whatever discharge there was from the abdominal incision, was therefore compelled to flow into the peritoneal cavity. Besides this, the advantage to be derived from the tendency of serous surfaces to take on adhesive inflammation was lost, because the cut edges of the peritoneum were not brought into contact.

Dr. G. KIMBALL, having to lacerate the inner and median aspect of the abdominal wall in breaking up firm adhesions, turned all the injured peritoneum outside the abdomen by everting the lips of the abdominal wound, and putting his stitches through, far back, where he had sound peritoneum to deal with. This mode of procedure is the more easy, because, after the operation, the patient has more abdominal cavity than she has any use for. The stitches in these cases were placed unusually deep into the peritoneum; yet the patients recovered.—(*Boston Medical and Surgical Journal*, Sept. 17th, 1868.)

Indeed there can be but little doubt but what Dr. KIMBALL increased his chances of success by thus turning all the surfaces from which discharges would be likely to take place, *outside* of the peritoneal cavity.

The fear of rough manipulation prevented me from clearing the pelvic cavity of sour and ascitic fluids as thoroughly as I think it should have been. "The rough operation of sponging out the cavity," may perhaps be objectionable;

But why could not the abdominal and pelvic cavities be thoroughly cleansed, when necessary, by gently flooding them with warm soft water, until the object was attained? The symptoms of pyæmia arose simultaneously with the escape of offensive discharges from the abdominal cavity. Did not the septicæmia probably arise in consequence of fluids decomposing in that cavity? Perhaps Dr. PEASLEE's method of frequently syringing out the peritoneal cavity with chlorinated lotions would have saved the woman. But I confess to more timidity in adopting these repeated washings of the peritoneum, than in adopting the plan of preventing as far as possible the necessity for such continuous ablutions by better methods of operating.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE, }
Philada., Oct. 24, 1868. }

SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

Scirrhus of the Mammary Gland.

This woman, aged 69, broke her right ribs seven years ago, and two years afterward, a tumor began to make its appearance on the same breast. This history is interesting, but of little practical value in throwing light upon the cause of the affection. Many people fracture their ribs, and do not have any disease of this kind, or any disease whatever. It is impossible to say, therefore, whether the accident had anything to do with the development of the tumor. It was removed two years after its first appearance, and returned fourteen months ago. It remained away, therefore, about a year and ten months.

The tumor is situated over the upper portion of the right side of the chest. The nipple is perfectly normal. The mammary gland seems to be sound throughout its extent, excepting at one point. The tumor is red; the surface is much warmer than the surrounding surface, showing a preternatural development of heat. The tumor is slightly movable, but it has manifestly deep attachments, which apparently extend down to the costal cartilages and the sternum. The disease is extending down into the mammary gland. The mass is fissured, divided into two nearly equal parts, by a vertical fissure. The lower part of the neck is enlarged, owing to the diseased condition of the lymphatic ganglions in this situation, which are in a state of enlarge-

ment, as well as induration. There is likewise involvement of the glands of the axilla.

The patient is tormented with pain, of a shooting, darting character. The pain is most severe at night, preventing her from sleeping. It is not influenced by the weather. She has been taking two grains of extract of conium, night and morning, which has not been of much service. It is sometimes a good substitute for opium, as an anodyne in this affection. She has not much appetite; tongue is slightly coated; has lost a great deal of flesh.

This woman is laboring under scirrhus, originally developed in the mammary region, in front of the chest, evidently not in the mammary gland itself, but now involving that gland secondarily, and also the lymphatic ganglions of the neck and right axilla. It is not encephaloid, for it would then be much softer, and probably also much larger. A tumor of this kind is always hard, and possesses comparatively few blood-vessels; hence, even when ulceration takes place, it does not bleed much. Now and then, a large artery opens, and there is hemorrhage of an exhausting character. The disease goes on, gradually increasing, until at length, it undermines the system to such an extent as to cause death at a time varying from eighteen months to two and a half years.

In this case, the time for operative procedure has passed. If the tumor were in state of ulceration, exhaling horrible fetor, offensive to herself and those around her, contaminating the atmosphere, it might be removed to render her more comfortable. She is now to be treated upon general principles, nutritious food and drinks, exercise in the open air, etc.

Disease of the Ear.

Mary —, æt. 22. She has lost the sense of hearing in the left ear. On examining it an abscess is found at the lobe of the ear, closing up the external meatus. The probe comes in contact with diseased bone. The temporal bone is necrosed, and the drum of the ear destroyed. There is a copious discharge. The trouble, it is asserted, had its origin in a cold, following an attack of measles.

The abscess was opened freely, and the bottom of it scraped, so as to put the parts in a better condition for repair. This is a case worthy of the serious consideration of the practitioner, for, if morbid action be allowed to continue, it may extend to the dura mater and arachnoid membranes, and perhaps to the brain itself. The ear ought to be washed out at least three times a

day. If the matter be allowed to accumulate, it will act as an irritant. To remove it, tepid water should be thrown in with a large syringe. Then an injection of tepid water, impregnated with a small quantity of the officinal solution of chloride of zinc, (gtt. x., ad aquæ, Oj.) should be given. With the view of correcting the secretions, and keeping up a slight action upon the bowels, she was ordered to take,

R. Pil. hydrargyri,	gr. iij.
Podophyllin,	gr. ½.
Aloës,	gr. ½.

every third or fourth night. The diet ought to be a little regulated; it should be mild and un-irritating. She should exercise in the open air, with a thin handkerchief tied over the ear, to prevent the entrance of cold air. This is a much better way to protect the ear than the introduction of cotton into the external meatus.

Foreign Body in the Air-Passages.

Edward M., æt. six. This child inhaled six weeks ago a watermelon seed. He was in good health at the time. The accident occurred while he was eating. He was seized immediately with symptoms of suffocation, violent spasmodic cough, attended with lividity of countenance and struggling for breath. The paroxysm gradually subsided, and he became much better. Since then he has had occasional paroxysms of difficulty of respiration, with more or less rhonchus, particularly on the left side of the chest. When first seen he had a severe cold, for which he was treated with some calomel and a minute quantity of ipecacuanha, and recovered in a very short time.

To-day he breathes in a comparatively comfortable manner. He has no paroxysms of cough now. On ausculting the front of the chest, a good deal of rude respiration, with some rhonchus, is found on the right side. There is also rude breathing on the left side. A similar condition is observed posteriorly, between the scapulæ and vertebral column on both sides. He has no appetite, and is unusually drowsy. He was playful and active before this accident. His tongue is somewhat coated, and he has lost flesh. He lies upon his back, in preference to either side. He had, until a week ago, very frequent paroxysmal attacks of difficulty of breathing, making him livid, and almost black in the face.

There is every reason to believe, from the history of the case, that there is a foreign substance in this child's bronchial tube; not in the larynx, or he would be in all probability aphonic, or not able to talk above a whisper, particularly if it were deposited in the ventricle of the larynx.

From the fact that the left lung has suffered more than the right, it is to be supposed that it has lodged on that side. In the majority of instances, the right bronchial tube becomes the recipient of a foreign substance, because of its larger size and more favorable situation. When the foreign substance is comparatively small and light, it is liable to be dislodged from its first position, and to fall into the opposite side, thus changing place from time to time. Whenever the patient is seized with a violent paroxysm of coughing the substance is impelled upward, and in this way impinging against the mucous surface of the larynx it excites suffocative cough, and then may be readily dropped into the other bronchial tube. The great danger is that the foreign substance being liable to be displaced, may pass into the larynx and produce instantaneous suffocation, as has happened in many cases. A person is therefore never safe under such circumstances.

In this case it is evident that the foreign substance has become partially impacted in the bronchial tube in which it lies. At all events, it has not been subject to any upward movement recently, for if it had been the lad would have had spasms of coughing. Sometimes it is possible to detect the situation of the substance by auscultation. Under such circumstances there is diminished vesicular murmur unassociated with any dulness, but on the contrary, increased pulmonary resonance.

The patient will be re-examined at a future clinic.

Lyceum of Natural History, New York.

A well-attended meeting of the Lyceum of Natural History was held at the Morr Memorial House, No. 58 Madison avenue, on the evening of the 24th ult., the President, Mr. JOHN S. NEWBERRY, in the chair. Mr. WOOD presented a specimen of madrapore from Tortugas. Dr. FEUCHTWANGER gave an account of a child born of a shepherdess in Switzerland, with a tumor 4½ by 3½ inches, pear-shaped, on its back, which proved to contain a foetus. Dr. BUCKLAND remarked that the case was by no means rare, Dr. FISHER, of Sing Sing having repeatedly met with it. Prof. MARTIN exhibited a specimen of a beetle, *Oxaxis dorsalis*, found at Sandy Hook in crevices of dry timber, rare in this locality, and only found within a range of six miles. The President exhibited a bottle of petroleum from Alaska, taken from a petroleum lake there, (presumed to be a continuation of the California carboniferous formation): also, coal and fossil

plants, the former equal in quality to that of any American colliery. Mr. SEELEY claimed that the elements of matter have the character of sexuality, and that each element was created in pairs. A long discussion resulted in this theory being advanced.

Medical Societies.

MEETING OF PHILADELPHIA DRUGGISTS.

A meeting of druggists was held in the hall of the College of Pharmacy of this city, Tuesday evening, March 16th. The object of the meeting was the consideration of "the bill recently laid before the Legislature, professedly designed to protect the public against the adulteration and sophistication of drugs and medicines."

On motion of Mr. EDWARD PARRISH, the following officers were elected:

President—ROBERT SHOEMAKER.

Vice-Presidents—THOMAS H. POWERS, CHARLES ELLIS, MITCHELL G. ROSENGARTEN, Professor W. PROCTOR, Jr., T. MORRIS PEROT, WILLIAM C. HENSZEY.

Secretaries—ALFRED B. TAYLOR and WM. J. JENKS.

The President, Mr. ROBERT SHOEMAKER, said:

You have all heard the object we had in view in calling this meeting. There was a movement made a few weeks ago in a committee of the Legislature for the appointment of a drug inspector. That bill emanated from the State Medical Society of Pennsylvania. It was never presented to the House but was killed in committee. The first most of us knew of such a bill having been prepared, was by a notice which appeared in one of our daily papers stating that such a bill had been presented by the Medical Society of this State, and that through the opposition of the druggists of Philadelphia it had been killed in committee. As presiding officer of the Drug Exchange, I had the editorial alluded to read at quite a large meeting of druggists, and there was not a member of the Exchange who had ever heard such a bill was to be presented. We learned, after considerable investigation, that a member of the State Senate had written to a druggist in this city, stating that such a bill was to be presented, and asking for his views in reference to it. He wrote a very proper letter in reply, giving his individual views alone. So far as any opposition came from the druggists in this city, that gentleman is responsible for it. The letter was a very proper one in character, as the bill would have been very objectionable.

There is now another bill about to be presented for the prevention of the adulteration of drugs. I presume none of us would be opposed to a proper person as inspector of drugs. We should, however, prefer to have a voice in such an appointment. We should not like to have a physician, superannuated and unfitted for the practice of medicine, put in such a position. In short we want a voice in the appointment of such an officer, if there is such an one to be appointed, and this meeting has been called for the purpose of hearing from our friends in the trade in reference to this matter, and we hope there will be from them a free expression of sentiment.

Mr. EDWARD PARRISH then said:

In connection with what has been stated by the chairman, I may inform the meeting that the American Pharmaceutical Association, which met in this hall some months since, appointed a committee, consisting of a member from New York, who was the chairman; one from Baltimore and two from this city, for the purpose of maturing a law suited to the requirements of pharmacy throughout the United States, which law it was designed to present to the Legislature of each State in the Union. It was thought that such legislation should not be hasty, but should be the result of very mature labor and reflection and comparison of sentiment beforehand. On that account, the action of that committee has been delayed, and no public announcement made of their proceedings. A committee of the board of trustees of this college has co-operated recently with that committee, with special reference to the State of Pennsylvania. Fearing that the bill now before the Legislature might be urged, a committee of our college went to Harrisburg, and were assured that it would not again be brought up unless we were notified of it. It is now in committee. Still, lest it might be pressed, and for the purpose of getting the sense of druggists and apothecaries and chemists, and all concerned, in regard to a suitable law to go before any legislature, this meeting was called. I have prepared and submitted to my colleagues on this committee, a series of resolutions designed to express the sentiments of this meeting, providing the general sentiments of the College of Pharmacy are acceptable to it. These resolutions it might be premature to read at this time or not, as the meeting would prefer. If they were read they might form the nucleus for some further action. I also have here a copy of the law as it now stands, which has been prepared by the committee of the Pharmaceutical Association and modified by the committee of

this college, which it would be important to read in this connection.

On motion, the secretary then read the objectionable bill for the appointment of a Drug Inspector, presented at Harrisburg by a committee of the Medical Society of the State of Pennsylvania. It is entitled

AN ACT TO PREVENT ADULTERATION IN DRUGS AND MEDICINAL PREPARATIONS.

SECTION 1. Be it enacted, etc., That every person who shall admix, or cause to be admixed, for sale or public use, any ingredient or material with drugs or medicinal preparations with the object of adulterating the same, or who shall knowingly sell or cause to be sold, or use impure or inert drugs or materials in the manufacture of medicinal preparations, shall be guilty of a misdemeanor, and on conviction thereof before the Court of Quarter Sessions of the county wherein the same shall be admixed or sold as aforesaid, shall forfeit and pay to this Commonwealth a penalty not exceeding one thousand dollars, together with costs of prosecution.

SECTION 2. That every person violating the provisions of this act may be presented by the District Attorney to the Grand Jury of the proper county for indictment and prosecution as in other cases, or may on complaint, under oath or affirmation, be arrested on a warrant issued by any alderman or justice of the peace of said county, and after due hearing on proofs discharged, or committed, or bound over for appearance and trial at that or the next term of court, as in case of other misdemeanors.

SECTION 3. That whenever any resident physician of the county, being a graduate of medicine and pharmacy, shall complain, under oath or affirmation before any alderman or justice of the peace, that there are reasonable grounds for a belief of the violation of this act, and shall file in writing with said alderman or justice, a list of such drugs or medicinal preparations which he believes to be impure, inert, or adulterated, a process in the nature of a search-warrant shall be issued, directed to any constable, commanding him to search, in company with and under the direction of the complainant, the store, manufactory, or other place of the alleged offender or offenders, where such impure, inert, or adulterated drugs or medicinal preparations are alleged to be, and bring the same, together with the person or persons in whose possession or ownership they may be found, before said alderman or justice of the peace, there to be dealt with according to the provisions of this act.

SECTION 4. That in all cases of conviction of a violation of this act, the impure, inert or adulterated drugs or medicinal preparations as aforesaid, shall be destroyed, under the order, and by direction of the Court of Quarter Sessions of the county aforesaid,

Mr. EDWARD PARRISH thought it would be well now to call up for consideration the bill which had been referred to by him, prepared by the committee of the American Pharmaceutical As-

sociation, to be presented to the Legislature of each State. He did not read the bill in detail, but gave an outline of its chief features as follows:

It is proposed to entitle it "The Pharmacy and Poison act of — the year —."

SECTION 1st. From and after — (time) of — year, it shall be unlawful for any person to sell or keep open shop for retailing, dispensing or compounding medicines and poisons, unless such person shall be a registered pharmacist within the meaning of this act, and shall also conform to the regulations as to keeping, dispensing, selling, and compounding of poisons hereinafter provided. And every shop kept open for the retailing, dispensing and compounding of medicines and poisons shall be under the direct personal care, oversight and management of a registered pharmacist or registered assistant pharmacist, and every registered pharmacist or registered assistant in pharmacy, to supervise that particular shop only.

Section 2d provides that no person shall be allowed to assume or exhibit the title of registered pharmacist, unless he shall be registered as such in accordance with this act.

The next section particularizes those eligible to be registered pharmacists. They must be either graduates in pharmacy, practicing pharmacists, or practicing assistants in pharmacy, under the meaning of the act.

It then goes on to designate what a graduate in pharmacy is. It further states that a practicing pharmacist shall be understood to be only such person as prior to the passage of this act, shall have kept open shop in the State of Pennsylvania for the compounding, etc., of drugs. This makes every one now in the business eligible to become a registered pharmacist. A practicing assistant in pharmacy shall be understood to be only such person as shall have attained the age of twenty one, served five years in a shop, and passed examination by an examining board, to be composed of not less than five registered pharmacists to be appointed by the judges of the county court to hold office for three years, of whom three shall form a quorum, or by the examining board of an incorporated or chartered college of pharmacy in the State of Pennsylvania, such board to consist of not less than five members.

The bill goes on to provide for the appointment of an officer by the Governor of the State, to be called the Registrar of Pharmacy. He is to keep a register in which the name of every registered pharmacist in the State of Pennsylvania is to be entered and annually corrected, which list he is to publish annually. The fee, one dollar

annually, which pays for the registering, entitles each registered pharmacist to a copy of the register thus published.

There is also a section which provides that in country places it shall be lawful for retail dealers to sell medicines not enumerated as poisons in this act, provided such medicines are sold in the original package distinctly labeled, bearing the proper name of the medicine, together with the name of the registered pharmacist or wholesale dealer by whom it was put up.

Then it proceeds to specify that the sale of poisons by retail, shall be confined strictly to registered pharmacists, and to those persons in the country who shall take out special license, allowing them to sell poisons.

It then designates by a special schedule what are poisons within the meaning of this act, and that in case any substance hereafter shall be stated to be a poison by authority of the college of pharmacy of this city, it shall then be entered by the Registrar of Pharmacy upon the list of poisons which he annually publishes with his register.

It next proceeds to except from the operation of this law all physicians, who in the practice of their profession are to be allowed to keep and dispense poisons, throughout the country especially.

There is a provision also that poisons must be properly labeled, with the word *poison* upon the label, and that the precautions which are now required by law and so little observed, shall be enforced in regard to the sale of poisons, viz., the noting of the name of the purchaser, the alleged object of purchase, date, residence, etc.

This law it is proposed to substitute for the law now before the Legislature, as it is believed to be comprehensive and to correct the evils at which that law is professedly aimed. There is no clause in it for the inspection of drugs, although it is in contemplation to add such a clause. The whole subject is at present incomplete, and it is desired that it shall remain so until another session of the Legislature.

Dr. N. C. REID said that the bill now before the Legislature from the State Medical Society was utterly impracticable. How many physicians are there who are also pharmacists in the State of Pennsylvania? The number is very few. Most physicians cannot recognize medicines when they see them, much less tell good from bad.

Mr. G. W. VAUGHAN stated that all druggists knew that many men graduated in medicine who could not distinguish jalap from rhubarb. He

had been in business for a good many years, and had seen many instances of acts prejudicial to druggists. For instance, physicians in his neighborhood, and he understood also in other portions of the city, were in the habit of entering drug stores and saying "I will send you all my prescriptions, if you will give me twenty, twenty-five, or forty per cent." If the druggist reject this offer, they become his enemy.

Dr. N. C. REID thought that a law should be passed to prevent the adulteration of drugs. He had seen very essential articles adulterated. One house in this city makes a standing rule of adulterating almost every article of medicine they sell. When a physician prescribes medicine, he expects that medicine to do certain acts. If it is a good article and fails, he is then to seek for the reason. If it is a bad article and fail, he is at a loss. If a sinapism be ordered, many druggists will furnish a mixture of mustard and indian meal, or of mustard and flaxseed meal.

Mr. CHAS. BULLOCK said that the worst feature of the objectionable bill had not been touched upon, which is that the plaintiff has got the right, together with an officer, to enter a shop or manufactory, and carry off such articles as have been specified to be impure or adulterated. There is no appeal. The physician is made by that act the accuser and the judge. The capacity of a physician to be a judge has been well shown to-night.

Mr. EDWARD PARRISH remarked that the allusions that had been made to mustard were in point, showing the utter fallacy of the proposed law. Suppose there was an inspection of mustard. Nine times out of ten that a physician ordered mustard plaster, the mustard would be obtained from a grocer. This law does not touch him. And it is very difficult to ascertain whether or not many drugs are adulterated. He related a conversation which took place between two medical gentlemen of this city. One of them, a gentleman of large experience and learning, and acquainted thoroughly with drugs from his position, education, and facilities, was asked by his friend in regard to his opinion of the appointment of an inspectorship of drugs. He replied he did not know who could be got as a competent inspector. "You would be, yourself," he was told. "Yes," he answered, "I know as much about drugs, from the peculiar facilities I have had, as any man in the medical profession, but I would not be willing to accept such a position, and decide in all cases whether articles were or were not impure." When the subject of the inspection of drugs in the United States Custom

House was under discussion in the American Pharmaceutical Association, before the law was passed, the great object was to get standards. The Association spent much time in endeavoring to lay down standards of what were and what were not capable of passing through the Custom House, and they ultimately gave up the effort. In chemicals recourse can be had to analysis, but in all galenical preparations there is great difficulty in deciding upon the question of purity.

Mr. EDWARD PARRISH then read the following resolutions.

Whereas, There is an obvious necessity for the enactment of laws to regulate the selling and dispensing of medicines and poisons, to promote the education of experts fitted to assume those delicate and responsible duties, and thus to suppress the adulteration and sophistication of drugs and medicines; and *whereas*, those only who by education and experience are acquainted with the difficulties of the subject are competent to frame laws for the promotion of these desirable objects;

Resolved, That the safety of the public demands that it should be unlawful for any one to sell medicines by retail, or to compound the prescriptions of physicians, without being first examined by a competent board of examiners as to his fitness to judge of and test the qualities and genuineness of drugs and chemicals, and to mix, combine, and dispense these according to the well-established principles of pharmaceutical science.

Resolved, That the sale of substances dangerous to human life should be especially restricted by law, and connected with precautions calculated to insure against mistakes, and to lead to the detection of any cases of accidental or criminal injury or homicide.

Resolved, That "The Pharmacy and Poison Act," prepared and now in course of revision by a committee of the American Pharmaceutical Association, with a view to procuring uniform legislation in all the States of the Union, in its leading features merits our approval, and we ask for it when perfected by further comparison with the laws of foreign countries, and by consultation with leading pharmacutists in this and other States, the careful consideration of the Legislature and of the community for whose benefit and protection it is designed.

Resolved, That the adulteration and sophistication of medicines is an evil only partially reached by the special examination provided for by the United States Government at the several ports of entry, and by the vigilance of the several pharmaceutical colleges and associations, and any just and practical laws which can be devised for its suppression shall have our earnest and hearty support, yet we look to the more general cultivation and spread of pharmaceutical science, and the more thorough professional education and organization of dealers and compounders of drugs and medicines as the surest guarantees of the purity and efficiency of remedial agents.

Resolved, That we have no confidence in either of the bills recently introduced into the Legislature of Pennsylvania, the one looking toward the appointment of a State Inspector of Drugs, and the other authorizing summary processes for searching pharmaceutical stores, and the arrest of their owners at the instance of irresponsible informers, as neither law would, in our judgment, prove sufficient or useful, while the latter especially would lead to endless annoyances and petty litigation.

The resolutions were seconded by Dr. REID, and unanimously adopted.

Dr. REID thought druggists should regulate and secure a uniformity of prices among themselves by combination. They should also entirely prohibit the giving of per centage to physicians. When he was practising medicine he never received it, and would never give it to any man.

Mr. AMBROSE SMITH said that in regard to percentages, he believed there were very few retail druggists of any standing that do or will give it. In no store with which he has been intimate has it been done, and he hoped it was very seldom permitted.

The President stated that he did not think any respectable physician would accept it.

Mr. GEO. W. VAUGHAN said he knew the practice of receiving per centages to be very common among physicians. Every day persons pass his store to go to particular drug stores, where he knew the physician was receiving from forty to fifty per cent. on the price of the prescription. For prescriptions for which he charged twenty-five or thirty cents, these druggists asked seventy, eighty, or ninety cents. He has been in business in the northern part of the city for some thirty years, and he saw that the per centage system to physicians was a growing evil. Something should be done to protect the poorer portions of the community. If he chose, he could give the names of physicians who receive per centages, which would surprise the meeting.

Prof. WM. PROCTOR, JR., stated that the main point of the bill at Harrisburg is to cure what is alleged to be a very serious evil, namely, the adulteration of drugs. It would be very satisfactory to him if the gentlemen present would express themselves as to their willingness to have some law by which such adulteration should be prevented. It is very clear that there is not only adulteration in simple drugs, but an immense adulteration, or, the same thing, imperfection in the manufacture of pharmaceutical preparations.

Mr. EDWARD PARRISH thought that the only way to stop roguery in the drug business was to have an organization holding the members sub-

ject to its ethical rules. He hoped that this meeting would result in a determination on the part of reputable druggists, pharmacists, and manufacturers in Philadelphia, to push through a law of registration which will give status and character to our profession.

The opinion having been expressed that it would be well to meet the physicians and secure their aid in obtaining proper legislation, Mr. CHAS. ELLIS said he thought there should be co-operation with the medical faculty in reference to any proposed law. He was desirous that the matter be postponed for the present. If the Legislature would allow another year to pass, something much more mature and better adapted to all the wants would then result from deliberation.

Mr. BULLOCK, while he had a high regard for medical practitioners, did not see that it was necessary that they should be consulted in regard to the regulation of the drug trade. It was a thing with which medical men had nothing to do. The law should emanate entirely from those engaged in the business. There is no more propriety in medical men interfering with druggists than there would be in the College of Pharmacy attempting to secure legislation in regard to what men shall practice medicine. The drug business is a distinct branch of business, and should hold itself separate and independent.

Mr. NEEDLES also failed to see wherein co-operation with the medical profession is in any sense appropriate to this specific interest, and he eminently approved of the remarks of Mr. BULLOCK.

After some further debate, on motion of Mr. JAMES T. SHINN, it was ordered that a copy of the resolutions passed by the meeting be sent to the Philadelphia County Medical Society, to the College of Physicians, and to the chairman of the Judiciary Committee of the Legislature.

EDITORIAL DEPARTMENT.

Periscope.

A Practical Point in the Treatment of Throat Diseases.

FREDERICK A. BURRALL, M. D., communicates to the *Medical Gazette* the following.

It is often a difficult matter to examine satisfactorily the throats of patients who are lying in bed. The head of the bed may be toward the window, thus placing the patient's mouth away from the light, and the glare of a lamp

held before the face is often painful to the eyes of the sick. Sitting up in bed and twisted toward the light is a constrained and, to a debilitated invalid, an exhausting position; and while a child would be willing to open its mouth, it would often rebel against sitting up for a throat examination. The physician, conscious that his patient is in a fatiguing attitude, hurries his investigations, and sometimes obtains but a perplexing view. These annoyances may be lessened or obviated by the use of a small concave mirror, with a focal distance of about twelve inches. Daylight can be reflected into the throat of the patient while he lies quietly in bed or slightly raised on pillows, and the lamp used for illumination at night can be placed above or at the side of his head. Of course, it is well known that such mirrors are used by those who are constantly treating diseases of the throat, but the object of this article is to recommend them to more general use. Much weariness would thus be spared the sick, and such a mirror is also useful for the examination of any cavity on a dark day or at night.

How to Cure a Cold.

Dr. T. INMAN, in a recent number of the *Med. Mirror*, has the following to say on this subject.

The most common cause of catarrh is a sudden transition from a moist and cold atmosphere, such as is commonly met with in an "open" English winter, to a hot and dry room; and those people are most subject to "bad colds," who by accident or design have to undergo such transitions. For example, a lady fresh from a ball room drives home a good long distance on a nasty night in winter. In spite of a comfortable carriage, she respires the cold air of December or January, and arrives at home jaded with dancing, and chilled by the night dews. Joyfully she rushes to her comfortable boudoir to find warmth, quiet, and a pleasant nook for a chat. But she soon finds that she has "caught a cold"—it may be a fatal one—and then she and her friends lay the blame at the door of the chill on leaving the assembly room, rather than to the comfort of the chamber of luxury. From long personal experience I would say that no one single cause is more frequently in operation to produce catarrh than the one referred to, and I entirely agree with the remark of an old surgeon, that it would be more sensible for individuals to say they had been "catching hot," when they felt themselves "in" for a catarrh, than to say that they had caught cold.

If we now pause to inquire what the effect of

heat upon a cold tissue of the body is, we see its type in chilblain. Children may play in frost and snow for hours, and yet suffer comparatively little from chilblains; they may have frost bite from prolonged exposure, but this is not chilblain. The latter is most constantly produced by heat being suddenly imparted to chilled extremities, such as toes, fingers, etc. When once chilblain has been induced we see it two stages—one of undue vascularity, or congestion with a tendency to ulceration—the other one of undue pallor with ulcers that show no tendency to heal. Let us now ask the surgeon in what way he would endeavor to cure chilblain. Surely, he will say, by local bleeding when there is congestion, and by local stimulation when the parts are ulcerated.

As like causes produce like effects, and as we see reason to believe that heat following frigidity gives rise to catarrh, we are justified in thinking that a cold has something in it akin to a chilblain. Consequently we treat it locally by small evacuations of blood. As, for example, we relieve catarrhal sore throat by two leeches over each tonsil; or if the sore throat be more marked by pallor than redness, we use such stimulants as a port-wine gargle.

Having thus indicated our opinions of the nature of catarrh, we may conclude by describing the routine treatment which we adopt. In the early or good-for-nothing stage, and as long as it lasts, we order mulled port wine—prepared according to any approved fashion—or if people dislike alcohol, we suggest hot tea, hot coffee, hot barley water, or any other nice diluent. Ipecacuanha lozenges, antimonial wine, and purgatives are to be uniformly avoided—sometimes they almost act as poisons. In many cases nothing beyond spiced port wine, warm rooms, warm bed, and a week of “coddling” is required; but if the conjunctiva be very much inflamed, the internal ear be affected, the throat be very sore, etc., it is advisable to take blood locally by means of a leech or two as near to the spot as possible. For bad coryza or cold in the head, the application of a very hot kerchief to the face, or holding the head over boiling water gives temporary relief. The use of pure powdered opium for snuff is of great efficacy, but its employment is disagreeable to the patient for about half an hour, as the powder acts primarily as an irritant. As a gargle, port wine alone, swallowed at the end of the process, is appropriate; so next in value to it is a gargle composed of tincture of the sesquichloride of iron and laudanum and water. For the cough no linctus is

superior to one composed of equal parts of rum, honey, and lemon juice, with or without the addition of laudanum. For the indigestion nothing answers so well as warm port-wine negus, and for diarrhoea an enema of starch and laudanum is superior to medicine given by the mouth. For the general malaise, nothing is better, for those who can take it, than the use of opium internally as laudanum or the crude drug. To a man obliged to go out in all weathers, a pill containing two grains of solid opium will give relief for six hours or more. Where laudanum cannot be taken, chloroform will answer instead.

In fine we may sum up our remarks by quoting a very trite old saw, viz., “Stuff a cold,”—a very lame and impotent conclusion to those who have been accustomed to act as reason would dictate; but a boon of price to those who have been treated with antimonial or ipecacuanha wine. I know a family, some of whom had been near death's door, in consequence of having a “cold” when residing with a certain relative, who being nothing in general, became by choice a catarrh curer in particular, using as a panacea solution of antimony; which he recommended to his guests with such pertinacity that they swallowed the poison to escape the imputation of disrespect, and then declined to take any more on the plea of clinging to life.

If a plan such as we here suggest be adopted, the chance that a cold will run into a galloping consumption is very small; if, on the contrary, a cold is starved and attacked by such drugs as antimony, ipecacuanha, colocynth, and the like, the depression produced by the disease and the treatment may eventuate in absolute “decline.”

Reproduction of the Brain.

Some very remarkable experiments have recently been made by Vorr, in regard to the removal of the hemispheres of the brain of pigeons, and communicated to the Academy of Sciences in Munich. After the operation, the pigeons fell into a torpid condition, resembling sleep; but after a longer or shorter time, generally lasting, however, for weeks, they became lively again, opened their eyes and flew about. Curiously enough, however, they took no notice of the food placed before them, and had to be fed by hand. They seemed to have lost all feeling of fear of their enemies. The pigeons that had been operated upon on being killed, showed that the space previously occupied by the cerebral hemisphere had become filled, either with a fibrous exudation or with a porous liquid; or else that the cerebellum had moved forward, and the roof of the

skull had sunken in. A young pigeon after the operation gradually returned almost to its normal condition, but would not partake of any food of its own accord. After five months' time, in the cavity of the skull previously occupied by the brain, there appeared a white mass, having perfectly the appearance and the consistency of the white cerebral matter, and which passed uninterruptedly and imperceptibly into the crura, which had not been removed. The mass presented the appearance of two hemispheres, each of them with the cavity filled with fluid, and with a septum between them. The whole consisted of perfect, double, contorted, primitive, nervous fibres, and unmistakably contained ganglionic cells.

Phosphorus in Locomotor Ataxia.

Dr. LAMBERT in the *New York Medical Journal* gives an interesting account of a young lady aged 22. He had been treating her for chlorosis and dysmenorrhœa.

"In September last, from exposure to wet and cold, her menses ceased, and all the symptoms of progressive locomotor ataxia set in. Her parents, who live in the country, came for more medicine, and casually told me that her menses did not come on at their usual period; consequently I went to see her, and in her attempting to shake hands with me she grasped me by the wrist. This excited my fears immediately that she had DUCHENNE'S disease. Upon further examination my diagnosis was verified. The patient, in attempting to walk, staggered and swayed her body from side to side to keep her equilibrium. She would suddenly halt to recover herself, and then would plunge forward, seemingly in a great hurry to reach the point to which she desired to go. She was unable to feed herself, from the want of coördinate action of the muscles, and, in fact, unless she was watching her hands continually, she was liable to drop whatever she had in them. Her speech was also affected; she was not able to articulate some words perfectly.

What is strange in this case is, that I was giving her syr. ferri iodidi at the very time that the disease manifested itself; the very medicine that Dr. JULIUS ALTHAUS used, with so much benefit in his case, the only one recorded, until lately, that had been much benefited by medicine.

As soon as I recognized the disease, I gave potass. bromid. grs. xv., ter in die, and submitted the patient to the action of magneto-electricity once every twenty-four hours. I also gave two

pills of aloes and iron, which produced too much relaxation, the effect continuing two or three days. This, in fact, seemed to prostrate her to such an extent that she was obliged to take to her bed, and there remain for a time. Fortunately, just then I received the September number of the *New York Medical Journal*, and in it saw that Dr. DUJARDIN BEAUMETZ had given phosphorus in this disease, with excellent effects. I immediately ordered acid. phosphoric dil. m. xv., ter in die, in simple syrup. The next day her menses came on, and in a short time she began to improve. In a few days I increased the dose to twenty, twenty-five and then to thirty minims. After ten or twelve days, I omitted the acid, and gave her the pyro-phosphate of iron for a week, and then returned to the acid. I continued the electricity every alternate day. In two weeks she was able to sit up, and had sufficient control over the muscles of her upper extremities to be able to knit. In one month she could walk about the house tolerably well. Now it is something over two months; she can take long walks, do housework almost as well as ever, and has become very fleshy. The electricity has been discontinued for about one month, and she is not at all regular with her medicine at the present time. However, I have the most sanguine hopes that she will perfectly recover. The improvement has been so great that it is impossible to discern anything wrong with her, except a very slight irregularity in her walk.

Men and Monkeys.

The *Nation* gives a notice of a recent work touching on the kinship of man and the monkey, by Dr. BISCHOFF, entitled "*Die Grosshirnwindungen der Menschen.*" This study of the brains of men and apes in all stages of cerebral growth, from the fetus to the fully developed being, is exceedingly thorough. Two circumstances, it says, however, one affecting the author's mind and the other affecting his materials, tend to vitiate the results of his investigations: 1. He is haunted by the spectre of Darwinism, and seems resolved to lay his spirit at all hazards; consequently, he emphasizes the points of difference between brains of men and those of apes, but fails to note the points of resemblance, so that what should be a strictly scientific argument degenerates into a special plea. 2. The specimens of brains which he examined were preserved some in chloride of zinc, others in alcohol, whilst others were studied in wax impressions or plaster casts. The danger of false deductions from such

heterogeneous data is evident, however great care may have been taken to avoid incorrect conclusions, since the source of error lies beyond the author's control. Dr. BISCHOFF discovered the nearest resemblance between the cerebral convolutions of the adult orang-outang and those of the eight months' fetus. He does not appear to have compared the brains of young apes with those of children, where the similarity is said to be much greater than between grown apes and men. Indeed, the rotund cranial development and frontal elevation of the orang-outang in early youth indicate a mental power very little inferior to that of the human infant. These marks of intellectuality in the brute animal disappear with advancing age. Dr. BISCHOFF's book is rendered additionally attractive by a series of plates.

Hydrophobia.

We are kindly furnished the following from *La Ferme*, via *Le Constitutionnel* and the (Milan) *Perseveranza* of Feb. 14, 1869.

Dr. BUISSON, having been called in to a person in the last stage of hydrophobia, bled him, and then wiped his own hands with a handkerchief saturated with the slimy saliva of the dying man. On the forefinger of his left hand he had a small open wound, and soon realized his imprudence, but trusting to a remedy which he had recently discovered, simply washed himself with water.

"Supposing," says Dr. BUISSON, "that the malady would not be developed under forty days, and having many patients to care for, I postponed from day to day the application of my remedy—a vapor-bath. On the ninth day, being in my study, I suddenly felt a pain in my throat, and another, still more violent, in my eyes; my body seemed to me so light that I felt able to leap to a prodigious height, and to remain suspended in air. I was so sensible of the hairs of my head, that it seemed as if, without seeing them, I could count them. In my mouth the saliva was constantly gathering. The air blowing upon me caused me dreadful suffering, and I tried not to look on the sparkling objects. I had a constant desire to run and bite, not men, but animals and all that surrounded me.

"I drank with difficulty, and noticed that the sight of the water tormented me more than the pain in my throat. I believe that by closing the eyes of a person attacked with hydrophobia, he can continue to drink. My attacks came every five minutes, and then I felt the pain leave my

forefinger, and course through the nerves to my back.

"Reflecting that my remedy was only preservative, and not curative, I took a vapor-bath, not expecting to cure, but to bathe myself. When the bath was raised to 52° centigrade of heat, all the symptoms disappeared as by enchantment; nor did I afterward feel anything. I have attended more than eighty persons bitten by hydrophobic animals, and all recovered by means of this remedy.

"When a person is bitten by a mad dog, he should take seven vapor-baths (Russian), one a day, from 57 to 63 degrees. This is the preservative remedy. When the disease has developed itself, a single vapor-bath suffices, rapidly raised to 57 degrees centigrade, then gradually to 63. The patient should keep closely to his room till his cure is complete."

Characters of Good Meat.

Dr. LETHERY, who has had great special experience during several years in the city of London, describes the following as the characters of good meat. 1. It is neither of a pale pink color nor of a deep purple tint; for the former is a sign of disease, and the latter indicates that the animal has not been slaughtered, but has died with the blood in it, or has suffered from acute fever. 2. It has a marbled appearance from the ramifications of little veins of fat among the muscles. 3. It should be firm and elastic to the touch, and should scarcely moisten the fingers—bad meat being wet, and sodden, and flabby, with the fat looking like jelly or wet parchment. 4. It should have little or no odor, and the odor should not be disagreeable; for diseased meat has a sickly cadaverous smell, and sometimes a smell of phosgene. This is very discoverable when the meat is chopped up and drenched with warm water. 5. It should not shrink or waste much in cooking. 6. It should not run to water, or become very wet on standing for a day or so, but should, on the contrary, dry upon the surface. 7. When dried at a temperature of 212° or thereabout, it should not lose more than from seventy to seventy-four per cent. of its weight, whereas bad meat will often lose as much as eighty per cent. Other properties of a more refined character will also serve for the recognition of bad meat, as that the juice of the flesh is alkaline or neutral to test-paper, instead of being distinctly acid; and the muscular fibre, when examined under the microscope, is found to be sodden and ill-defined.—*Brit. Med. Journal*.

Medical and Surgical Reporter.

PHILADELPHIA, APRIL 3, 1869.

S. W. BUTLER, M.D., & D. G. BRINTON, M.D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence News, etc. etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical* brief as possible to do justice to the subject, and *carefully* prepared, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

PRELIMINARY EDUCATION FOR MEDICAL STUDENTS.

We have often spoken of the propriety of demanding a test of some kind for young men aspiring for diplomas. We have constantly iterated the value of some knowledge of Latin; we have boldly asserted, in the teeth of opposition, that doctors should not be dunces, even in a democratic country. A correspondent urges the same thing in a letter before us. He says:

"Let us go into any of our first-class medical schools, the University, or the Jefferson of our own city, for instance. What do we find? Perhaps more than one-half the young aspirants are ignorant of the language in which medicines are written; besides many have a very meagre English education.

Can there be any wonder that our profession is annoyed and degraded by so many quacks with their nostrums, when our standard of requirements are so low, that even those who have received their professional degrees in good faith have to resort to various insinuating machinations in order that they may get into practice?

How can a profession be what it should, when any one can leave his cobbler's-bench, quit his plough, or throw down his pick, because he conceives he can make money easier and faster by attending two courses of lectures in some college, and gull the people in practising the divine art of 'curing.'

It is certainly no wonder that men who perhaps have never had one good idea, after getting a smattering of medicine should compound a few drugs together as original, and have them patented. All this is produced by the low standard of our professional requirements.

Let the line of demarcation be drawn between the well educated and the ignorant professional man, and at once the former will feel the benefit of the distinction. This can only be accomplished

by our medical college adopting and establishing resolutions requiring a candidate to show a diploma from some classical college of which he is a graduate, as well as also a certificate of good character.

Lack of confidence and jealousy often destroy our best purposes. So it appears in this, that when one of our Eastern schools, in good faith with some of her sisters, would admit none but graduates in her medical department, she was compelled to give up, on account of a want of compliance in others.

So it appears to-day that there is such a spirit of rivalry in our schools, not so much which will turn out the best, but who will have the most graduates. This might in a manner be tolerated in our early history when there was a great demand for persons having the title. But now in our advanced civilization, when there are facilities for every one to receive a liberal education, and the demand is for more intelligent skill, let us not overflow our country with incompetent doctors.

When we consider the limited requirements of our schools, the frequent mistakes in discriminating disease, and the danger that might result from injudicious remedies, we cannot wonder at the incredulity of many who resort to the man of the homœopathic doses, because they feel at least safe taking his thirtieth dilution.

Nor is it surprising that the fair sex should aspire to cope with her masculine brother. When the smooth soft hand, the mild flattering word, with a little tasteless and in itself useless medicine is only requisite to gain abiding faith and confidence.

Ohio has taken one good step in the right direction. Let Pennsylvania go to the fountain source, her colleges, and let those who are permitted to go out from their walls, be wholly what their name implies, and there will be a suitable reform."

We are less sanguine about the efficacy of the reform in Ohio, when diplomas can be bought in this city for the price of a pair of boots. The apathy of medical faculties, and medical societies, will only be broken when they see year by year the public growing more and more disgusted with the ignorance and petty jealousies that now prevent the usefulness of our art to so great an extent.

The house of **MORSON & SON**, of London, whose card appears in this number, is one of the most celebrated and reliable chemical and pharmaceutical establishments in England. Their preparations can generally be relied upon.

Notes and Comments.

THERAPEUTICAL BULLETIN.*

Compiled by GEO. H. NAPREYS, M. D.

No. 7.

This column will contain each week a collection of the Recipes, remarkable for their novelty and elegance, now in use by prominent practitioners, as recommended by them in recent lectures at College and Hospital Clinics, and at meetings of Medical Societies, in newly published monographs and systematic treatises, and in the current medical periodicals of this country and Europe. It will include formulæ for hypodermic injections, for inhalations, for rectal and vaginal suppositories, for ointments, lotions, collyria, etc., etc.

The selection will be such that each prescription will commend itself, both by its intrinsic merits, and by the authority of the name of the physician by whom originated or employed. It is designed to give only the latest and best approved therapeutical expressions of the profession—to afford a periscope of the remedial measures resorted to by eminent living physicians.

It is proposed, hereafter, to classify these formulæ, and issue them in book form.

Below will be found some recent formulæ used to combat the secondary and tertiary phenomena of syphilis.

Remedies employed against Constitutional Syphilis.

WILLIAM AITKEN, M. D., Edin.

- R. Hydrargyri chloridi corros., gr. j.
 Potassii iodidi, gr. xxx.
 Liq. potassæ arsenitis, ℥xxxvj.
 Alcohol., f. ʒj.
 Extracti sarsaparillæ fluidi, f. ʒiij.
 Aquæ cinnamomi, ad f. ʒxij. M.

Two tablespoonfuls three times a day, after meals, in the treatment of some of the more intractable forms of syphilitic squama.

Prof. S. D. Gross.

- R. Hydrargyri chloridi corros., gr. j.
 Potassii iodidi, ʒij.
 Syr. sarsaparillæ compos., f. ʒiij. M.

Dessertspoonful *ter die*, shortly after meals, in tertiary syphilis.

Prof. Gross almost invariably combines the bichloride of mercury with iodide of potassium in the treatment of tertiary syphilis, particularly when the affection is of long standing. An infirm, broken state of the system is no bar to the use of mercury in this mode of combination; on the contrary, it often affords the medicine an opportunity for its best display. To counteract any disagreeable effects of the above recipe, such

as gastric irritation, diarrhœa, etc., (which, however, rarely ensue) an anodyne, as a small quantity of morphia, or from five to ten drops of the acetated tincture of opium may be combined with each dose.

In regard to the dose of iodide of potassium in the treatment of tertiary syphilis, Prof. Gross states that long experience has taught him that while less than ten grains *ter die* will rarely do much good, there are few cases in which more than this quantity is really ever needed.

CULLERIER (successor of RICORD at the Hôpital du Midi, Paris) says that in order to be effective, iodide of potassium must be given in a sufficient quantity, as, for example, gr. xv. to ʒj. in the course of the day. It is almost useless in the early secondary stage in which it can never supersede mercury.

BERKELEY HILL, M. B., F. R. C. S., London, has found that in the administration of iodide of potassium it is best to begin with two grains dissolved in an ounce and a-half or two ounces of liquid, three or four times daily, before breakfast and between meals, and to increase the dose by a grain or two every three days. If the patient finds no benefit from a moderate amount, as is often the case when the disease is of very long standing, larger doses of eight, ten or twenty grains should be tried, or even much larger doses. Forty grains *ter die* will sometimes quell an obstinate syphilitic which has resisted smaller quantities. Still larger quantities than this have been given without ill effect. Usually, however, the risk of iodism may be avoided by combining ammonia or bromide of potassium with the iodide. The aromatic spirits of ammonia or the carbonate of ammonia is an excellent adjuvant. Professor Gross also speaks of the advantage of combining carbonate or muriate of ammonia with iodide of potassium.

With reference to the employment of iodide of sodium and iodide of ammonium as substitutes for iodide of potassium, Professor Gross sometimes recommends their use in five grain doses. CULLERIER says that the iodide of ammonium gives no better results than the iodide of potassium, and he has abandoned its use. It has been asserted, however, on good authority, that the iodides of sodium and ammonium will sometimes succeed in cases in which the iodide of potassium has failed. (TANNER and others.) They are more nauseous than the iodide of potassium.

Bromide of potassium has been employed in tertiary syphilis recently. CULLERIER says no reliance can be placed on this remedy. BERKELEY HILL asserts that in small doses in conjunc-

* Entered according to Act of Congress, in the year 1863, by GEO. H. NAPREYS, M. D., in the Clerk's office of the District Court for the Eastern District of Pennsylvania.

N. B. This copyright is not intended to prevent medical journals publishing these articles, but only their being issued in book form.

tion with the iodide, it increases the energy of the latter very materially. It should be borne in mind in administering the bromide of potassium that it is decomposed by a syrup.

To overcome the disagreeable taste of the iodide of potassium, so often complained of by patients, PAGET says that a mixture of whisky, and the compound syrup of sarsaparilla makes the best vehicle.

Hypodermic Injection.

BERKELEY HILL, M. B. Lond., F. R. C. S.

R. Hydrargyri chloridi corrosivi, gr. ʒ
Aqueæ destillatæ, ℥xxx. M.

For one injection. The patient is thus very rapidly brought under the influence of the drug by much less mercury than is used in any other way. The amount taken into the system can also be exactly measured. Introduced in this way in divided doses of about grains 1-5, it produces mercurialization when about one grain has been injected. The condition is kept to the requisite intensity by the daily injection of gr ʒ. This method has the disadvantage of requiring the attendance of the surgeon, and is disliked for the slight pain it causes; hence, it is only to be recommended where circumstances render it doubtful whether the mercury be taken by the patient or where, as in severe iritis, it is necessary to put the patient under the influence of mercury as quickly as possible. The subcutaneous injection of mercury is also resorted to by SCARENZIO and HEBRA. The latter injects about gr. 1-40 of corrosive sublimate at a time. Dr. LEWIN, of Berlin, adds morphia to the corrosive sublimate for hypodermic injection in syphilis.

Surgeon W. S. W. RUSCHENBERGER, U. S. N.

R. Hydrargyri iodidi rubri, gr. j.
Iodinii, gr. ij.
Potassii iodidi, ʒj.
Syrupi sarsaparillæ compositi, f. ʒxv.
Aqueæ f. ʒj. M.

Tablespoonful four times a day.

THOMAS HAWKES TANNER, M. D., F. L. S. Lond.

R. Hydrargyri chloridi corrosivi, gr. ij.
Pulveris opii, gr. v-vij
Pulveris guaiaci, ʒss. M.
Fiant pilulæ xvj.

Once, twice, or three a day, where it is desirable to continue the use of the corrosive sublimate over many weeks.

R. Ammoniac carbonatis, ʒss.
Potassii iodidi ʒj.
Tincturæ aconiti folii ℥xxx.
Tincturæ cinchonæ flavæ, f. ʒvj.
Aqueæ menthæ piperitæ ad f. ʒiij. M.

Tablespoonful in a half wine glass of water, ter die, at 9 A. M., 2 P. M., and 7 P. M.

R. Hydrargyri iodidi viridis, gr. ij.
Extracti opii, gr. j.
Extracti hyoscyami, gr. vj. M.

Divide into two pills, and order one to be taken every night at 11 o'clock, as long as the above mixture is continued. Very useful in many forms of constitutional syphilis.

EDWARD JOHN TILT, M. D., Lond.

R. Hydrargyri iodidi viridis, gr. j.
Extracti hyoscyami, gr. ij. M.

An antisyphilitic pill, to be taken morning and night.

Prize Essays.

All essays submitted for prizes at the next meeting of the American Medical Association, should be forwarded to Dr. S. M. BEMISS, Chairman of Committee of Prize Essays, by or before the 25th of April.

Delaware County, Pa., Medical Society.

The Delaware County Medical Society held its annual meeting recently, at Parrish's Sanitarium, Media, appointing the following officers for the ensuing year:

President—Dr. M. EMANUEL.

Vice-President—Dr. J. L. FORWOOD.

Secretary—Dr. ISAAC N. KERLIN.

Treasurer—Dr. THEODORE S. CHRIST.

We learn that an earnest effort is being made to re-animate this Society, it having been nearly dead since 1860, and only known not to be dead by spasmodic attempts at "re-organization." It is somewhat discreditable to the profession of the county, if a *live* society cannot be sustained. We shall certainly be glad to know that the experience which, we suppose, our medical friends are deriving from our miseries, aches and ills, is not lost, but suitably discussed, criticised and adjusted for the good of their victims and the advancement of science. For such a desirable end, let us have a Delaware County Medical Society, composed of active, intelligent and influential gentlemen—those who are the open enemies of quackery; who neither by practice, profession nor advertisement, give it countenance or support. A Society composed of such men would be a credit to the county. With quacks in it, it will be a disgrace to all connected therewith.—*Del. Co. Republican.*

The valuable MEDICAL LIBRARY collected by the late Dr. DEWITT C. ENOS, has been presented by his widow to the Long Island Historical Society. It consists of 815 bound volumes, and 74 unbound volumes, besides a large number of pamphlets.

Correspondence.

DOMESTIC.

Mullein—its Curative Powers, etc.

EDITORS MEDICAL AND SURGICAL REPORTER:

I have been intending for some time, and in fact have been asked by a practising physician, to state a few facts with respect to the efficiency of mullein in certain diseases. Waving the description of mullein, which is entirely unnecessary, since it is so familiar to almost every schoolboy in America, England and on the Continent, I will state what I know about its effects upon the bladder in cases of inflammation. It has been noticed by medical men to have an effect upon the lungs, the liver, and to be an antidote for piles; but no one has expressed any certainty as to its potency in diseases of the urinary organs. What I shall say concerning the curative powers of mullein in gravel, or inflammation of the bladder, is the result of my own experience, and the experience of others, who communicated the same to me. I had for several years been laboring under inflammation of the bladder, and had thoroughly tested the efficiency of HELMBOLD'S Extract of Buchu, which gave me but temporary relief. I was induced by an old gentleman, who alleged that the mullein had helped him more than all other medicines that he had ever used, to make trial of it, and to my surprise found that it acted like a charm in allaying all uneasiness about the bladder, and giving tone to the stomach, and proper action to the liver. I recommended its use to an old clerical friend of mine, who had long been a sufferer from diabetes and gravel, and in a week after he told me that he felt better since he quit using buchu, and commenced the use of mullein, than he had for a year.

I communicated the fact that mullein was good in diseases of the bladder to Dr. Lewis, of Farmington, Pa., who has tested it in a case of gravel of long standing, and informs me that the patient is so well that *he only requires its occasional use*, and yet it is not more than half a year since the Doctor prescribed it.

He also used it with fine effect in a case of a woman who had given birth to a child, and who was unable to void water. Now, Messrs. Editors, these are facts that ought to be known to the world, and physicians are the very ones who ought to give publicity to them, that the suffering may have a sure antidote at hand without spending a fortune for imported medicines.

Mode of Preparation.—Strip the leaves off the stalks, or if it has not shot up to stalk, take the leaves and roots, or leaves alone, put them in a tin vessel, either green or after they have been dried—dried leaves make the more agreeable tea—pour boiling water upon them, letting them boil until the substance is well drawn from the leaves, then strain, and drink when cool enough. Drink one, two, or three swallows of the tea three times a day before eating. You may make it *strong* or *weak*, and drink much or little, without the least injurious effect.

J. C. HENCH, M. D.

Uniontown, Pa.

Sewing Machines vs. Health.

EDITORS MEDICAL AND SURGICAL REPORTER:

Allow me through your journal to direct the attention of the profession to the influence (if any) which the operating of sewing machines has upon the uterine organs.

The subject has been discussed by obstetrical societies, both in this country and abroad, and, like all subjects when first broached, elicited a variety of opinions.

Several gentlemen that took part in the discussion, and who made diseases of females somewhat of a specialty, were fully convinced that the effect upon females was very frequently injurious, and that the injury they inflicted was not confined to the feeble, but as frequently affected those most robust. In fact that the injurious effect was not in consequence of the severity of the labor, but that the motions in some way acted unfavorably upon the uterine organs.

Their evidence was derived, not only from individual cases that came under their immediate observation, but from the statement of females who had charge of a large number of machines operated by their own sex, that it was almost universal that the operators were unable to continue work during a part, if not the whole, of their menstrual period, and that the motion gave them severe pain in the back. This would indicate that the running of a machine did most decidedly affect the uterine organs.

The writer of this article has seen a few instances of ruddy healthy young women confined to their bed immediately after operating a sewing machine for a portion of a few days.

As diseases of these organs are evidently on the increase, it is desirable that this point should be settled by observation, and that the facts should be published. I would therefore solicit

from the readers of your journal the results of their experience.

ENQUIRER.

New York, March, 1869.

P. S. Since writing the above, a gentleman, who employs a large number of girls, (some 70,) about equally divided upon sewing machines and other work, says that it was noticed that those who operated sewing machines were obliged to evacuate the bladder very often, while the others engaged upon other work were not affected.

The Wisconsin Medical Law.

EDITORS OF THE MEDICAL AND SURG. REPORTER:

I notice you are publishing in your very valuable journal the laws regulating the practice of medicine and surgery in some of the states, and thought perhaps you would like to give your readers the law of Wisconsin on this subject which is as follows:

SECTION 1. Section 14 of chapter 33 of the revised statutes, entitled "Medical Societies" is hereby amended, by adding thereto as follows: "but no person practising physic or surgery shall have the right to collect, in any action in any court of this state, fees for the performance of medical service, nor to testify in a professional capacity as a physician and surgeon in any case, unless such person shall have received a diploma from some incorporated medical society or college, or shall become a member of the state or some county medical society legally organized in this state.

SECTION 2. This act shall take effect and be in force from and after its passage and publication.

Approved April 8th, 1867.

L. M. BENSON, M. D.

Lowell, Wisconsin.

Action of the Heart in New-born Infants.

EDITORS MED. AND SURG. REPORTER:

In the Lying-in Ward of the City Hospital, on the 6th day of February, 1869, Margaret — gave birth to a female child, after a labor of an hour's duration. The child presented by the pelvic pole, and the pain succeeding the pain that expelled the breech, expelled the shoulders and head. The two pains, with the intermission, occupying not more than ten minutes.

While I was engaged with the child, the nurse removed the placenta, which was detached and lying in the vagina. The placenta was delivered and the cord tied within the space of three minutes after the birth of the child. Respiration not being established, I immediately made ef-

forts to establish it, using all the modes the knowledge of which I was in possession of.

Noticing the regular and vigorous action of the heart, I entertained much hope of being able to resuscitate the child. My efforts continued eleven minutes, during which time the heart kept up the vigorous action that signalized it at the time of birth, and no perceptible effort at respiration was made in all this time. The heart, after acting eleven minutes, ceased to beat, and I relinquished my efforts at resuscitation.

Deeming this an unusual length of time for the heart to act independently of respiration, and thinking the fact, could it be established, would be of interest to many who have studied this subject, we proceeded to an autopsy of the case.

Two hours after birth, in the presence of several medical gentlemen, the thorax of the child was opened, and the heart and lungs removed. Upon inspection of the lungs, matter supposed to be tuberculous was found extensively diffused through both of them. On applying the hydrostatic test, they sank to the bottom of the vessel in which they were placed, and the expressed opinion of the gentlemen present was that respiration had never taken place.

The heart was examined, and the foramen ovale was found to be in existence.

W. WALLING, M. D.,

Resident Phys., Louisville City Hospital.

News and Miscellany.

Anatomical Museums.

One of the most important duties of the new British Commissioner of Police will be to systematize and render effectual the powers of the law against flagrant violations of public decency. The so-called public "anatomical museums" exist only by the sufferance of the police. Lord Campbell's Act would suffice at once to destroy these haunts of pollution and mischief. We owe it to Mr. Knox that one part of London has been, to some extent, rendered less publicly obnoxious; and we hope that the omen is good in other respects—*The Druggist*.

Poisonous Dyes.

It would seem that coralline is another of the substances to be guarded against, in using it as a dye for articles to be brought in contact with the human skin. A gentleman in France recently received a pair of stockings from an English friend, which had, upon a lilac ground, circular lines of silk of a brilliant red color. On wearing

